2027 50 State Scholarship Application Form

ABC June 2nd - June 5th, 2027

This is a fillable form – please type in all information
One form per contestant entry.

REGISTRATION DEADLINE – January 1st, 2027
E-mail Completed Forms to:
americanballetcompetition@gmail.com

COMPETITOR INFORMATION – PLEASE TYPE or WRITE IN

Participant Name: _____ Age (As of 5/29/24): _____Birthdate: _____Gender: _____
School: _____ Director: _____
Teacher/Coach: _____ School E-Mail: _____
Address: _____City: _____State: ____ Zip: _____Country: _____

☐ **DIVISION I** (Ages 9-12)

***Classical Ballet Variation (age 9 one solo only)** _____ (Ages 10 & 11 second solo if elected) _____

***Contemporary Solo (Ages 10 & 11 one solo only)** _____Choreographer_____

☐ **DIVISION II** (Ages 13-16) ☐ **DIVISION III** (Ages 17-20)

***Classical Ballet Variation – Black Leotard** _____

***Classical Ballet Variation – Costume** _____

Add'l Classical Variation (if elected, performed 2nd) _____

***Contemporary Solo** (performed 1st) _____ Choreographer _____

Add'l Contemporary Solo (if elected, performed 2nd)_____ Choreographer _____
*Included in Entry Fees

IMPORTANT CONTACT INFORMATION

Parent's Name: _____ E-Mail: _____Mobile: _____

Address: _____ City: _____State: _____Zip: _____Country: _____

FEES: Enter division and add any elective solos

Division I	- $250	$___XXX___
Division II	- $315	$___XXX___
Division III	- $315	$___XXX___
Additional Ballet Solo	- $90	$___XXX___
Add'l Contemporary Solo	- $90 (if in ballet)	$___XXX___
Add'l Contemporary Solo	- $90	$___XXX___
Contemporary Solo Only	- $315 (not in ballet)	$___XXX___
3-Day All Events/Audit Pass $65 x # __XXX_____		$___XXX___
$25 discount if registered by March 1st		$__XXX___
Indicate Payment Method: ___XXXX___		**TOTAL $__XXX_**

(Check, Money Order, Wester Union, Credit Card)
CC# ___XXX_____ Exp _XXX_ CVP XXX_ Zip Code ___XXX__

Competition Tickets may be purchases at check-in or theater door.
$8/day or $20/3 day pass – children 12 and younger $3/day.
Contestants receive one 3-day complimentary pass for competitions.

3-DAY CLASS AUDIT PASS

One complimentary Class Audit Pass for
Director or Teacher
Representing participating school

Teachers & Parents of competitors
who wish to observe all master classes - $65

Outside dance teachers who wish to audit
ABC Master Classes and view all competition events
may purchase 3-Day Audit Passes at check-in times
or e-mail this form to: abcmason@gmail.com

Names for Audit Pass: _____
Director: _____
Other: _____
Other: _____

I verify that my dancer resides and trains in the state listed above, and I have included a letter of recommendation from my ballet teacher.

_____
Signature of Parent, School Director or Competitor 18 or over